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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/021,126-Conf. #7268
	Filing Date	December 12, 2001
	First Named Inventor	Connie Sanchez
	Art Unit	1614
	Examiner Name	F. F. Krass
	Attorney Docket No.	05432/000J951-US0

Please change the Correspondence Address for the above-identified application to:

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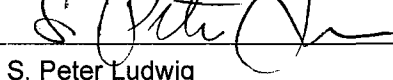
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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 25,351
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature	
Typed or Printed Name	S. Peter Ludwig
Date	09/07/2007
Telephone	(212) 527-7770

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: _____ Signature: _____ (S. Peter Ludwig)